



Mississippi Medicaid Bulletin

Program and Policy Information

Volume 3, Issue 1

July 1996

Provider Manual Information Inside

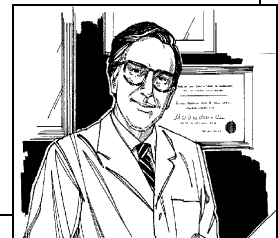
Physician's Responsibilities for Home Health Services

All services provided by a Home Health Agency must be ordered by a physician. The ordering physician is responsible for verifying that all services provided by the Home Health Agency are medically necessary. Also, the physician must keep adequate records in his office that contain the following:

1. Copy of initial certification (This may be initiated upon discharge from a hospital, etc., and actually completed by another physician.)
2. Copy of all re-certifications
3. Copy of any change in orders
4. Documentation of all examinations and evaluations which clearly indicate the medical necessity for ordering home health services and for re-certifying the need for continuation of those serves.

This information will be included in an addendum to the Physician Manual in the future.

All services provided by the Home Health Agency must be ordered by the physician.



Inside This Issue

Modification in Podiatry Procedure Codes	2
Changes within the Ambulatory Surgical Center Procedure Codes	2
New Provider Manuals	2
July Recovery	2
Dental Changes	3
Checkwrite and ESC Cut-off Schedules	4

EDS

Modifications in Podiatry Procedure Codes

System modifications have been and are continuing to be made according to Medicaid’s guidelines for foot care. When these modifications are complete, any payments made to podiatrists for lab procedures (procedure codes 80000-89999) will be recovered. Please refer to the guidelines for foot care in your provider manual for what is and is not allowed for foot care by the Mississippi Medicaid program.

Changes within the Ambulatory Surgical Center Procedure Codes

As a result of the review of all procedure codes paid to an ambulatory surgical center (ASC), effective July 8, 1996, procedure code 50590 will no longer be reimbursable to an ASC facility. Also, effective July 1, 1996, Medicaid will reimburse a facility fee to ASCs for the same procedure codes as Medicare with the following exceptions:

Effective July 1, 1996, Medicaid will reimburse a facility fee to ASCs for the same procedure codes as Medicare with some exceptions.

	<u>Covered</u>		<u>Not Covered</u>
42820	58600	59840	30430
42825	58615	59841	62367
42830	59812	92018	62368
42835	59820	92019	69930*
49495	59821	D1999	
49500	59830	D7999	

* This procedure is paid by Medicaid only when prior authorization has been obtained.

New Provider Manuals

New Non-Emergency Transportation (NET), Physician, and EPSDT Manuals have been completed and are now being sent out to servicing providers. One manual will be sent out for each provider number. Any additional manuals will require a production fee. If you have a request for additional provider manuals, or you have not received your manual, please contact EDS at 1-800-884-3222.



July Recovery

Due to findings by the State Auditor’s Office, a recovery will take place in mid July. The recovery will take back money paid for claims submitted one year past the dates of service. These claims should have denied for timely filing. If you feel your claim(s) were voided in error, you have until August 5, 1996 to resubmit your claim(s) with a valid timely filing ICN. Please mail to :

Doris Armstrong
 Division of Medicaid
 P.O. Box 23069
 Jackson, MS 39225-3069



DOM and EDS will be closed Thursday, July 4, in observance of the holiday.

Dental Changes

Effective July 1, 1996, the following changes in dental codes will be implemented:

1. All current exam codes will be closed (D0110, D0120, D0130).
2. These new exam codes will be opened:

D0140 - Limited Oral Evaluation - \$20.00 - Limited to 4 times/year, for all ages, and restricted to place of service (office).

Description: An evaluation or re-evaluation limited to a specific oral health problem. Typically, patients receiving this type evaluation have been referred for a specific problem and/or present with dental emergencies, trauma, acute infections, etc.

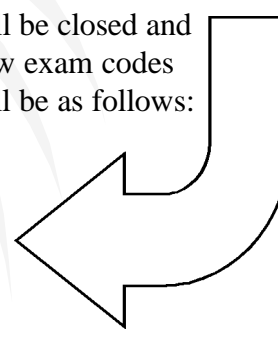
D0150 - Comprehensive Oral Evaluation - \$28.02 - Limited to 2 times/year, for ages 0-20, and restricted to place of service (office).

Description: A thorough evaluation and recording of the extraoral and intraoral hard and soft tissues. This will include the evaluation and recording of the patient's dental and medical history and a general health assessment. It may typically include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, occlusal relationships, periodontal conditions (including periodontal charting), hard and soft tissue anomalies, etc.

3. Prophylaxis (D1120) and Topical application of fluoride (including prophylaxis) (D1201) will be allowed 2 times/year, and restricted to place of service (office).
4. Code W9367 will be opened for Dental Screening in Schools, \$8.82, limited to 2 times/year.
5. The following codes will have a fee increase:

D7110	Single tooth extraction	\$ 25.78
D7120	Single tooth extraction, each additional	25.78
D7210	Surgical removal of erupted tooth	33.58
D7220	Surgical removal of impacted tooth - soft tissue	33.58

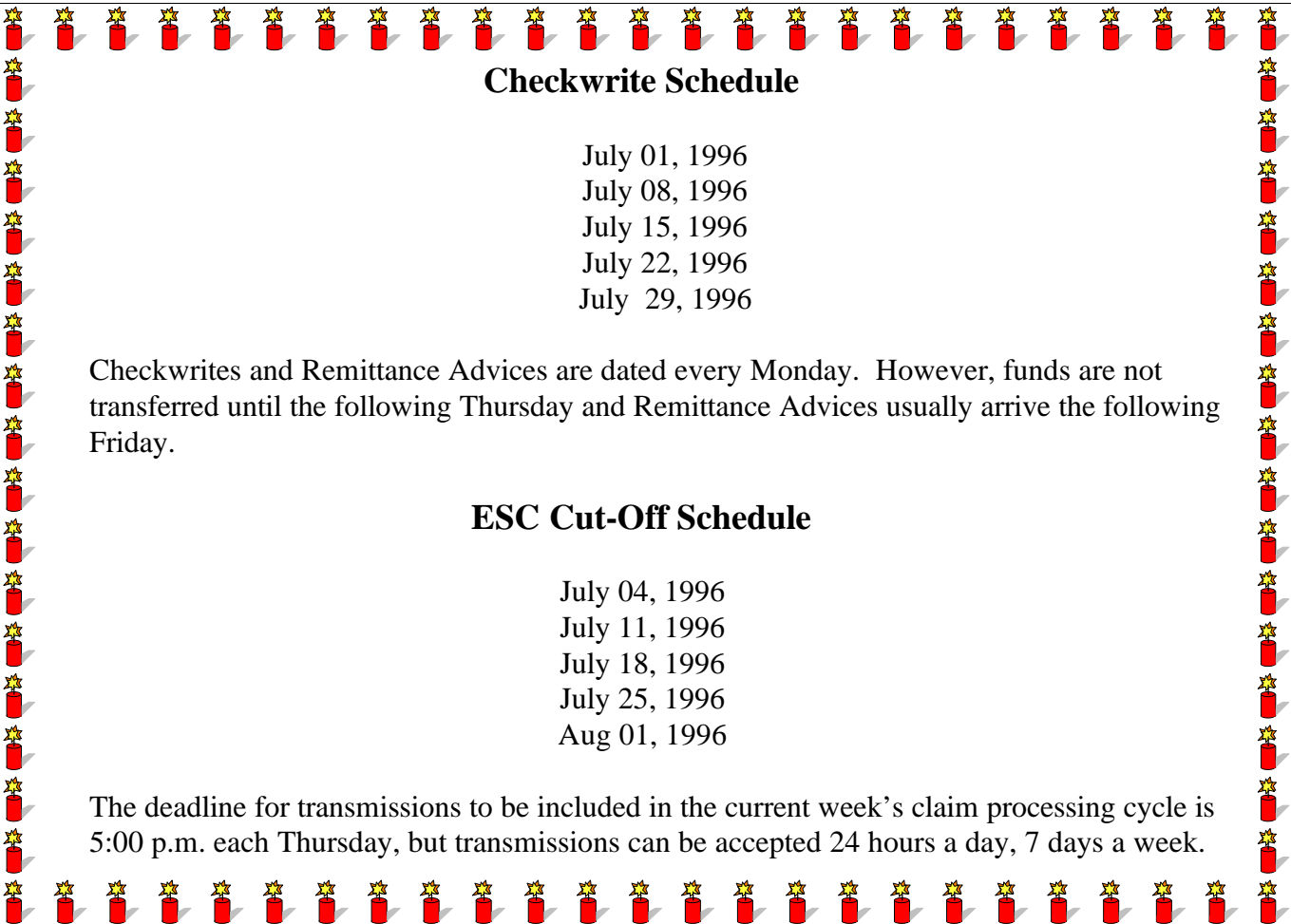
Effective July 1, 1996, all current exam codes will be closed and new exam codes will be as follows:



If you have questions regarding any information in this bulletin or would like to receive additional bulletins, please call the EDS Correspondence Unit at:

1-800-884-3222 or 601-960-2800

EDS Publications
 111 E. Capitol St.
 Suite 400
 Jackson, MS
 39201



Checkwrite Schedule

- July 01, 1996
- July 08, 1996
- July 15, 1996
- July 22, 1996
- July 29, 1996

Checkwrites and Remittance Advices are dated every Monday. However, funds are not transferred until the following Thursday and Remittance Advices usually arrive the following Friday.

ESC Cut-Off Schedule

- July 04, 1996
- July 11, 1996
- July 18, 1996
- July 25, 1996
- Aug 01, 1996

The deadline for transmissions to be included in the current week's claim processing cycle is 5:00 p.m. each Thursday, but transmissions can be accepted 24 hours a day, 7 days a week.

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